



Overview

- Office of Behavioral Health, Expenditures
- . How we pay for services
- Multiple departments supporting SUD services
- Tracking costs

What do we pay for?

Prevention

- School
- Community Programs
- Campaigns

Treatment

- Withdrawal Management
- Inpatient/ Residential
- Intensive Outpatient
- Outpatient
- Criminal Justice

Recovery

- Continued outpatient
- Peer Support

Programs must be licensed by the State of Colorado, report in our data systems, complete federal reporting requirements, and and provide evidence based programming

Type of Organization and										
Reimbursement	Eligibility Criteria									

MSO Individual yearly case rate: Treatment Funding for

indigent substance use

Children, adolescents and adults are eligible to receive covered behavioral health services from a licensed substance use provider if: The client is uninsured, or has insurance coverage that does not include substance use disorder benefits, or has Medicare only coverage (including Qualified Medicare Beneficiary - QMB); AND

treatment services. **MSO** Case rates: Residential Per

Diem rates for: Room and

Board, Treatment, and

Women's Services.

MSO

Children, adolescents and adults are eligible to receive covered behavioral health services from a licensed substance use provider if: • The client is uninsured, or has insurance coverage that does not include substance use disorder

benefits, or has Medicare only coverage (including Qualified Medicare Beneficiary - QMB); AND The client's household income may not exceed 300% of the federal poverty line.

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Capacity-based funding

Detoxification (withdrawal management): Indigent or underinsured adolescents and adults are eligible for services. Short Term Intensive Residential Remediation Treatment (Residential and Personnel): Client must be referred to treatment from the criminal justice system.

CDHS reimburses for capacity and infrastructure that is uncovered by Medicaid or other insurance.

Specialized Women's Services: Eligible women are either pregnant or have dependent children, or

Programs include:

both. Eligible clients are indigent and may not have access to other funding to pay for services. Substance Use Disorder treatment is to be provided to any eligible pregnant woman who identifies the

Providers for Pregnant Women Case Rate

need for such and requests such service. Prevention services are available to communities that have been awarded a contract with the

Cost Reimbursement Department.

Adolescents and adults are target populations. Federal funding for discretionary grants supports federal and state priorities and can cover infrastructure, capacity building, and other innovative payment models.

Community and State Partners Current areas of focus include: multi-system involved youth, opiate crisis, SUD prevention, homelessness

Funding Table

FY 2018-19 Office of Behavioral Health Funding for Substance Use Disorder Treatment and Prevention													
			Ma	rijuarna Tax Cash									
Program		General Fund		Fund		Other Cash Funds	Re	appropriated Funds		Federal Funds		Total	
Treatment/Detox Contracts	\$	12,541,319.00	\$	80,000.00	\$	306,250.00			\$	19,193,467.00	\$ 3	2,121,036.00	
Increasing Access to Effective Substance Use Disorder Servic			\$ 1	5,204,950.00	\$	5 15,204,950.00					\$ 3	0,409,900.00	
Prevention Programs	\$	35,427.00			\$	\$ 51,250.00			\$	6,331,016.00	\$	6,417,693.00	
Community Prevention and Treatment Programs	\$	9,946.00	\$	763,861.00	\$	\$ 2,442,023.00					\$	3,215,830.00	
Offender Services STIRRT)	\$	3,222,503.00					\$	1,520,377.00			\$	4,742,880.00	
High Risk Pregnant Women							\$	1,838,654.00			\$	1,838,654.00	
Long Bill 8 (C) Substance Use Treatment and Prevention Services Total	\$	15,809,195.00	\$ 1	6,048,811.00	\$	\$ 18,004,473.00	\$	3,359,031.00	\$	25,524,483.00	\$ 7	8,745,993.00	
Substance Use Disorder Offend Services (JBBS)							\$	7,724,277.00			\$	7,724,277.00	
Community-based Circle Program									\$	1,993,511.00	\$	1,993,511.00	
Rural Co-occurring Disorder Services	\$	3,000,000.00			\$	\$ 1,045,884.00					\$	4,045,884.00	
Long Bill 8 (D) Integrated Behavioral Health Services	\$	3,000,000.00	\$	-	\$	\$ 1,045,884.00	\$	7,724,277.00	\$	1,993,511.00	\$ 1	3,763,672.00	
Colorado SPF-PFS Project									\$	1,626,000.00	\$	1,626,000.00	
Colorado Prescription Drug/Opioid Overdose Prevention Program									\$	950,000.00	\$	950,000.00	
Colorado Opiate State Targeted Response (CO-OSTR)									\$	7,869,651.00	\$	7,869,651.00	
Federal Discretionary Grants	\$	-	\$	-	\$	-	\$	-	\$	10,445,651.00	\$ 1	0,445,651.00	
Total	\$	18,809,195.00	\$ 1	6,048,811.00	\$	\$ 19,050,357.00	\$	11,083,308.00	\$	37,963,645.00	\$ 10	2,955,316.00	

Different funding sources, tracking

HCPF, RAEs, Behavioral Health from SUD providers, Capitation

HCPF, RAEs, Behavioral Health in Primary Care, Fee For Service

CDHS, JBBS \$ 7.7M

CDHS, MSO, general \$ 50M

CDHS, MSO, SB-202 \$15M

CDHS, Core Services and Additional Family Services \$2.5M

CDPHE, Screening, Brief Intervention, and Referral to Treatment (SBIRT)

CDPHE, School-based health services

DOC, Substance use treatment for incarcerated persons



Health Information

- Encounters, Insurance Claims, and Population Health data are needed to understand the true cost
- OBH pays for indigent population, but also for residential SUD treatment and withdrawal management; HCPF pays for outpatient SUD services through their behavioral health benefit.
- Data tracking systems are not aligned across departments
- Interoperability would support standard reporting of treatment outcomes.
- SB 17-019- Medication Consistency